

TELECOMMUNICATIONS DIVISION

601 Sequoia Pacific Boulevard • Sacramento, CA 95814-0231 • (916) 657-9903

OFFICE OF NETWORK SERVICES

AGENCY TELECOMMUNICATIONS REPRESENTATIVE (ATR) DESIGNATION FORM

Note: All fields are required to be completed

PLEASE PRINT CLEARLY	Current Primary ATR Information:	New or Revised ATR Information
ATR Name:		
ATR Title:		
Telephone Number:	() _____ - _____ x _____	() _____ - _____ x _____
Fax Number:	() _____ - _____	() _____ - _____
Mailing Address: (Include City/State/Zip)		
Agency Name:		
Section Name: (if applicable)		
Unit Name: (if applicable)		
Inter-Agency Mail Station (IMS) Code (For State Agencies Only)		
Primary E-Mail Address:		
Secondary E-mail Address: (To help ensure notices are received and distributed in the absence of the primary)		
Action to be taken: (Put an X on the appropriate box)	Remain as primary ATR: Y [] N [] Remove as primary ATR: Y [] N [] Other: _____	Add as primary ATR: Y [] N [] Add as another ATR: Y [] N [] Other: _____
Effective Date:		
<div> <div> <div>_____</div> <div>Manager's/Supervisor's Signature:</div> </div> <div> <div>_____</div> <div>Title: (Please Print)</div> </div> </div>		